

PLAINTIFF Jillian L. Pierce	UNITED STATES MARSHAL	COURT CASE NUMBER CV 17-3409 MEJ
DEFENDANT County of Marin	2017 JUN 27 AM 10 57	TYPE OF PROCESS complaint, summons, order

SERVE { NAME OF INDIVIDUAL, COMPANY, CORPORATION, ETC. TO SERVE OR DESCRIPTION OF PROPERTY TO SEIZE OR CONDEMN
County of Marin OF CALIFORNIA
AT ADDRESS (Street or RFD, Apartment No., City, State and ZIP Code)
3501 Civic Center Drive Suite 130, San Rafael, CA 94903

SEND NOTICE OF SERVICE COPY TO REQUESTER AT NAME AND ADDRESS BELOW	Number of process to be served with this Form 285 3
Jillian L. Pierce 1408 Ryder Street Vallejo, CA 94950	Number of parties to be served in this case 4
	Check for service on U.S.A. FILED

SPECIAL INSTRUCTIONS OR OTHER INFORMATION THAT WILL ASSIST IN EXPEDITING SERVICE (*Include Business and Alternate Addresses, All Telephone Numbers, and Estimated Times Available for Service*):

Fold

JUL -3 2017

Fold

SUSAN Y. SOONG
CLERK, U.S. DISTRICT COURT
NORTHERN DISTRICT OF CALIFORNIA

Signature of Attorney other Originator requesting service on behalf of: <i>Jillian L. Pierce</i>	<input checked="" type="checkbox"/> PLAINTIFF	TELEPHONE NUMBER	DATE
	<input type="checkbox"/> DEFENDANT	415-522-4261	6/22/17

SPACE BELOW FOR USE OF U.S. MARSHAL ONLY-- DO NOT WRITE BELOW THIS LINE

I acknowledge receipt for the total number of process indicated. (Sign only for USM 285 if more than one USM 285 is submitted)	Total Process 4	District of Origin No. 11	District to Serve No. 11	Signature of Authorized USMS Deputy or Clerk <i>John</i>	Date 6/27/17
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I hereby certify and return that I have personally served, have legal evidence of service, have executed as shown in "Remarks", the process described on the individual, company, corporation, etc., at the address shown above on the individual, company, corporation, etc. shown at the address inserted below.

I hereby certify and return that I am unable to locate the individual, company, corporation, etc. named above (See remarks below)

Name and title of individual served (if not shown above)	<input type="checkbox"/> A person of suitable age and discretion then residing in defendant's usual place of abode
Address (complete only different than shown above)	Date Time <input type="checkbox"/> am <input type="checkbox"/> pm
	Signature of U.S. Marshal or Deputy

Service Fee	Total Mileage Charges including endeavors)	Forwarding Fee	Total Charges	Advance Deposits	Amount owed to U.S. Marshal* or (Amount of Refund*) \$0.00
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REMARKS:

PRINT 5 COPIES: 1. CLERK OF THE COURT
2. USMS RECORD
3. NOTICE OF SERVICE
4. BILLING STATEMENT*: To be returned to the U.S. Marshal with payment, if any amount is owed. Please remit promptly payable to U.S. Marshal.
5. ACKNOWLEDGMENT OF RECEIPT

PRIOR EDITIONS MAY BE USED

Form USM-285
Rev. 12/15/80
Automated 01/00

PLAINTIFF Jillian L. Pierce	UNITED STATES MARSHAL	COURT CASE NUMBER CV 17-3409 MEJ
DEFENDANT County of Marin	2017 JUN 27 RECD	TYPE OF PROCESS complaint, summons, order

SERVE { NAME OF INDIVIDUAL, COMPANY, CORPORATION, ETC. TO SERVE OR DESCRIPTION OF PROPERTY TO SEIZE OR CONDEMN
AT { Attention: David Rapport City of Ukiah, Attorney's Office
 ADDRESS (Street or RFD, Apartment No., City, State and ZIP Code)
 300 Seminary Avenue, Ukiah, CA 95482

SEND NOTICE OF SERVICE COPY TO REQUESTER AT NAME AND ADDRESS BELOW	Number of process to be served with this Form 285	3
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JUL 4 2017

SUSAN Y. SOONG
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NORTHERN DISTRICT OF CALIFORNIA

Signature of Attorney or other Originator requesting service on behalf of: <i>Jillian L. Pierce</i>	<input checked="" type="checkbox"/> PLAINTIFF <input type="checkbox"/> DEFENDANT	TELEPHONE NUMBER 415-522-4261	DATE 6/22/17
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Address (complete only different than shown above)	Date	Time <input type="checkbox"/> am <input type="checkbox"/> pm
	Signature of U.S. Marshal or Deputy	

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PLAINTIFF Jillian L. Pierce	COURT CASE NUMBER CV 17-3409 MEJ
DEFENDANT County of Marin	TYPE OF PROCESS complaint, summons, order

SERVE { NAME OF INDIVIDUAL, COMPANY, CORPORATION, ETC. TO SERVE OR DESCRIPTION OF PROPERTY TO SEIZE OR CONDEMN
Sheriff Robert T. Doyle
AT { ADDRESS (Street or RFD, Apartment No., City, State and ZIP Code)
1600 Los Gamos Drive #200 San Rafael, CA 94903

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	Check for service on U.S.A.

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FILED

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Fold

JUL -3 2017

Signature of Attorney or Originator requesting service on behalf of:

Jill Jackson

PLAINTIFF

TELEPHONE NUMBER

DATE

DEFENDANT

415-522-4261

6/22/17

SPACE BELOW FOR USE OF U.S. MARSHAL ONLY-- DO NOT WRITE BELOW THIS LINE

I acknowledge receipt for the total number of process indicated. (Sign only for USM 285 if more than one USM 285 is submitted)	Total Process <u>41</u>	District of Origin No. <u>44</u>	District to Serve No. <u>44</u>	Signature of Authorized USMS Deputy or Clerk	Date <u>6/21/17</u>
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Address (complete only different than shown above)	Date	Time <input type="checkbox"/> am <input type="checkbox"/> pm
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Signature of U.S. Marshal or Deputy

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ACKNOWLEDGMENT FOR RECEIPT

PLAINTIFF Jillian L. Pierce	COURT CASE NUMBER CV 17-3409 MEJ
DEFENDANT County of Marin	TYPE OF PROCESS complaint, summons, order

SERVE **AT** NAME OF INDIVIDUAL, COMPANY, CORPORATION, ETC. TO SERVE OR DESCRIPTION OF PROPERTY TO SEIZE OR CONDEMN
State of California
455 Golden Gate Avenue, Suite 11000, San Francisco, CA 94102

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FILED

JUL 3 2017

SUSAN Y. SOONG
CLERK, U.S. DISTRICT COURT
NORTHERN DISTRICT OF CALIFORNIA

Signature of Attorney or Originator requesting service on behalf of: <i>Bob Jackson</i>	<input checked="" type="checkbox"/> PLAINTIFF	TELEPHONE NUMBER 415-522-4261	DATE 6/22/17
<input type="checkbox"/> DEFENDANT			

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